

REQUEST FOR REFUND**VIA FACSIMILE: (703) 308-5077**

Mail Stop 16
Refund Section
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

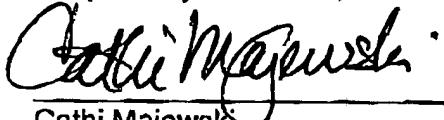
Sir:

Applicant hereby requests refund of the below-mentioned fee. This fee was incorrectly charged to our deposit account and the charge is not ours.

<u>Date</u>	<u>Seg</u>	<u>Serial No.:</u>	<u>Atty. Docket No.</u>	<u>Fee Code</u>	<u>Amount</u>
2/15/05	3	10/673,997	GCSD-1481 (51343)	1801	\$790.00

Please refund the above amount to Deposit Account No. 14-0603.

Respectfully submitted,



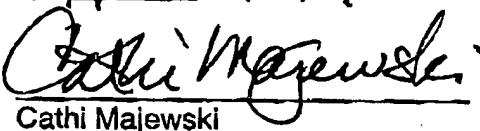
Cathi Majewski
Authorized User of Deposit Acct. No. 14-0603

Warrenville, IL 60555
Date: March 1, 2005
Telephone: (630) 753-3400

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this REQUEST FOR REFUND is being facsimile transmitted to the Patent and Trademark Office on or before 3/1/05 to (703) 308-5077.

Date: 3/1/05



Cathi Majewski

Adjustment Date: 06/27/2005 SDIRETA1
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8-7033085077-808938

PAGE RESULT
01/01 OKSECOND REQUESTAttn: Latrice Sims - Refund Branch
USPTO

fax#: 703-308-5077

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